

**CERTIFICATE OF COMPLIANCE OF
ILLINOIS COMPILED STATUTES, CH. 65, SEC. 11-42.1-1**

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that _____
_____(bidder) is not currently delinquent in the
payment of any tax administered by or owed to the Illinois Department of Revenue, or
otherwise in default upon any such tax as defined under Ch. 65, Sec. 11-42.1-1,
Illinois Compiled Statutes.

Name of Bidder

By: _____

State of _____),

ss.

County of _____)

Subscribed and sworn to
before me this _____ day
of _____.

Notary Public

**CERTIFICATE OF NON-DISQUALIFICATION
UNDER ILLINOIS COMPILED STATUTES, CH. 720, SEC. 33E-11**

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that _____
_____(bidder) is not barred from contracting with any
unit of State or local government, as a result of a violation of Ch. 720, Sec. 33E-11 of the
Illinois Compiled Statutes.

Name of Bidder

By: _____

State of _____),
County of _____) ss.

Subscribed and sworn to
before me this _____ day
of _____, _____.

Notary Public

NOTE TO BIDDER: Anyone who makes a false statement, material to this Certification, commits a Class 3 Felony under Illinois Compiled Statutes, Ch. 720, Sec. 33E-11 (b).

CERTIFICATE OF COMPLIANCE WITH SAFETY STANDARDS

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that _____
_____(bidder) shall comply with all local, state and federal safety standards.

Name of Bidder

By: _____

State of _____),
County of _____) ss.

Subscribed and sworn to
before me this _____ day
of _____, _____.

Notary Public

**CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 87-1257
OF THE ILLINOIS HUMAN RIGHTS ACT**

The undersigned, upon being first duly sworn, hereby certifies to the City of St.
Charles, Kane and DuPage Counties, Illinois, that _____
_____ (bidder) complies with the Illinois Human Rights Act as
amended by Section 2-105, Public Act 87-1257 in relation to employment and human
rights.

Name of Bidder

By: _____

State of _____),

ss.

County of _____)

Subscribed and sworn to
before me this _____ day
of _____, _____.

Notary Public

CERTIFICATE OF COMPLIANCE WITH PREVAILING WAGE RATE ACT

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that all work under this contract shall comply with the Illinois Prevailing Wage Act, 820 ILCS 130/.01, et. seq, (the "Act") and current City ordinance, to the extent required by law. Contractors shall submit monthly certified payroll records to the City.

Name of Contractor

By: _____

State of _____),
County of _____) ss.

Subscribed and sworn to
before me this _____ day
of _____, _____.

Notary Public

/cjb
Bidders Section II

CERTIFICATE OF COMPLIANCE WITH SALES TAX FORM

The undersigned, upon being first duly sworn, hereby certifies to the City of St. Charles, Kane and DuPage Counties, Illinois, that _____
_____(bidder) shall comply with General Conditions, Paragraph 1.G.
and the Illinois Department of Revenue tax exempt form.

Name of Bidder

By: _____

State of _____),
County of _____) ss.

Subscribed and sworn to
before me this _____ day
of _____.

Notary Public

JH:cb
Bidders Section II



Illinois Department of Revenue

Office of Local Government Services
Sales Tax Exemption Section, 3-520
101 W. Jefferson Street
Springfield, IL 62702
217 782-8881

January 2, 2015

CITY OF ST CHARLES
DIRECTOR OF FINANCE
TWO EAST MAIN ST
ST CHARLES IL 60174

Effective January 1, 2015, we have renewed your governmental exemption from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax, as required by Illinois law.

We have issued the following new tax exemption identification number:

E9996-0680-07
to
CITY OF ST CHARLES
of
ST CHARLES, IL

The terms and conditions governing use of your exemption number remain unchanged.

Office of Local Government Services
Illinois Department of Revenue

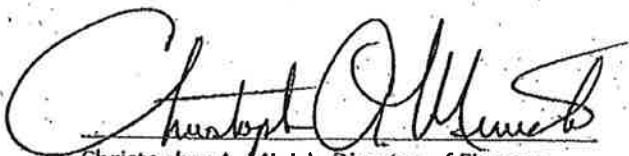
Issued To: _____

Company: _____

Date Issued: _____

Project: _____

Dates Valid: _____


Christopher A. Minick, Director of Finance

STS-70 (R-2/98)
ST-493-3521
IL 10-000-3824
10-0001417



City of St. Charles Certificate of Insurance Requirements

Contractors shall carry all insurance coverage required by law. In addition, the Contractor shall carry, at its own expense, at least the following insurance coverage with a duly licensed and registered insurance company in the State of Illinois having a minimum A.M. Best rating of A-VI:

- (a) Workers' Compensation & Occupational Diseases Insurance – Statutory amount for Illinois
- (b) General Liability Insurance:
 - 1) Bodily injury, with limits of not less than \$1,000,000 each occurrence/
\$2,000,000 aggregate;
 - 2) Property damage, with limits of not less than \$1,000,000 each occurrence/
\$2,000,000 aggregate;
 - 3) Contractual insurance – broad form, with limits of not less than \$1,000,000 each occurrence/\$2,000,000 aggregate.
- (c) Automotive Liability Insurance:
 - 1) \$1,000,000 each occurrence/
\$2,000,000 aggregate;
 - 2) Property damage, with limits of not less than \$1,000,000 each occurrence/
\$2,000,000 aggregate. Property damage insurance coverage shall include non-owned, hired, leased, or rented vehicles, as well as owned vehicles.
- (d) Umbrella liability \$5,000,000.



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- (e) Contractor's insurance policy shall name City as an additional insured on the General Liability, Automotive Liability and Excess Liability insurance policies. The insurance coverage shall be written with insurance companies acceptable to City. All insurance premiums shall be paid without cost to City. The Contractor shall furnish to City a Certificate of Insurance attesting to the respective insurance coverage for the full contract term. Contractor shall submit satisfactory proof of insurance simultaneously with the execution of the contract.
 - (f) All insurance policies shall provide that the City shall receive written notice of cancellation or reduction in coverage of any insurance policy thirty (30) days to the effective date of cancellation.

SECTION III

SPECIFICATIONS FOR CONCRETE

Supplier shall complete every space beside each minimum specification with a check (✓) to indicate the item quoted is exactly as specified or a description to indicate any deviation of any item being quoted from the Specifications.

1. Ready Mix: 6 Bag, 4000 PSI

Minimum Delivery: 1 Cubic yard
without cartage charge or extra
delivery charge?

Waiting Time: No Charge?

Overtime: No Delivery Charge?
(incl. Saturdays)

Same Day Delivery: No Additional
charge for same day service/delivery?

Winter Service Charge: None?

**2. Pipe Cover Mix: 3.5 Bag, 2500 PSI with
3/8" pea gravel and 140 lb. fly ash
(same criteria as above except for no
pick up by City)**

**3. Ready Mix (for concrete patch work)
6 Bag, 4000 PSI with 1.5 lb. Fiber mesh**

**4. Ready Mix-6.1 bag quick set with water
reducer (old Class X State mix)**

RBW:cjb

**SECTION IV
PROPOSAL FORM**

<u>BASE BID READY MIX</u>	<u>QUANTITY (APPROX.)</u>	<u>COST (PER CU. YD.)</u>
6 Bag, 4000 P.S.I.	500-900 Cu. Yds.	\$ _____
Pipe Cover Mix/Flowable Fill	25 Cu. Yds	\$ _____
6.1 Bag, quick set mix	50-100 Cu. Yds	\$ _____

ALTERNATES

6 Bag, 4000 PSI w/fibers	50-100 Cu. Yds	\$ _____
Minimum load charge (under ____ Cu. Yds.):		\$ _____
Overtime delivery charge (per Cu. Yd.): Weekdays; Monday – Friday		\$ _____
Overtime delivery charge (per Cu. Yd.): Saturday		\$ _____
Waiting time charge:		\$ _____
Winter service charge:		\$ _____
State time period for which winter rate applies:		_____

**PRICE NOT TIED TO AWARD OF THIS BID.
ALL PRICES ARE FIRM FROM 5/1/16-4/30/17.
ALL PRICES ARE DELIVERED TO ST. CHARLES, IL 60174
60175.**

I/We propose to furnish the City of St. Charles the above material, at the said listed price(s), for the 2016/17 Construction Season.

I/We certify that this Bid has been arrived at independently and has been submitted without collusion with any vendor of materials or supplies.

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

SIGNATURE OF AUTHORIZED AGENT: _____

PRINTED NAME OF AUTHORIZED AGENT: _____